

VESSEL TURN IN PROGRAM (VTIP) REQUEST FOR GRANT FUNDING

Local Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grant Contact: _____

Telephone: _____

Fax: _____

Email: _____

1. Amount of VTIP funds requested \$ _____
2. 10% matching funds amount \$ _____
3. Total funds allocated for VTIP \$ _____

Note: Per Harbors and Navigation Code 525 (C) "A grant awarded by the department pursuant to subparagraph (A) shall be matched by a 10% contribution from the local agency receiving the grant." Grant monies WILL NOT be reimbursed by the Department of Boating and Waterways until the 10% contribution is met.

Prepared by: _____

Date: _____

Signature of Officer: _____

Date: _____

Title of Officer: _____